

Important Privacy Notice

Federal Rule of Civil Procedure 5.2 prohibits litigants in a non-habeas proceeding from submitting documents that contain personal information. Unless the Court orders otherwise, personal identifying information in Court filings must be limited as follows:

- Social security numbers, taxpayer-identification numbers, and financial **account numbers must include only the last four digits** (e.g., xxx-xx-1234)
- Birth dates must **include the year of birth only** (e.g., xx/xx/2000)
- Names of persons under the age of 18 must be indicated by **initials only** (e.g., A.B.)

You are responsible for protecting the privacy of this information in your filings. If your documents, including attachments, contain any information that does not comply with this rule, please black out that information before sending your documents to the Court.

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Mr. Tyrone K. White

REC'D SEP 20

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Ms. Tina Pagotto, CEO
Ke Smith, PHA

COMPLAINT

Jury Trial: ☒ Yes ☐ No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Street Address

County, City

State & Zip Code

Telephone Number

Mr. Tyrone K. White
1321 Willings Alley
Philadelphia, PA 19106
215-923-2381

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Ms. Tina Pagotto, CEO
Street Address 1630 South Street
County, City Philadelphia
State & Zip Code PA 19146

Defendant No. 2

Name Bethesda Project Inc.
Street Address 1630 South Street
County, City Philadelphia
State & Zip Code PA 19146

Defendant No. 3

Name Ke Smith, PHA representative
Street Address 2013 Ridge Avenue
County, City Philadelphia
State & Zip Code PA

Defendant No. 4

Name Philadelphia Housing Authority
Street Address 2013 Ridge Avenue
County, City Philadelphia
State & Zip Code PA 19121

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☐ Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?

The Fourteenth Amendment to the United States Constitution

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

N/A

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur?

700 S. 15th Street,
Philadelphia, PA 19146

B. What date and approximate time did the events giving rise to your claim(s) occur?

March 31, 2022
I was evicted from this PHA residency.

C. Facts:

Because I refused to accept a \$50 bribe for to pay rent for a month by Bethesda Project Inc., management. Though they had refused to complain earlier, and they allowed the rent to increase to \$32,000. Bethesda have been known my lease started January 23, 2013 signed by their lease manager Ms. Hilary Coulter as Tyrone R. White. I was not with Ms. Coulter at all that day. Didn't know even know. 2 other residents were not evicted for about wanting to fight on 12-21-2021, and 1-31-2022. Continue leases violations!

Friday, September 16, 2022

I called PHA Audit and Compliance Janie 215-684-8300. She thought that I was still residing at 700 S 15th Street. I cannot accept any housing choice voucher connected with fraud violations. This hurts my future with being risky.

The Philadelphia Police file a complaint or incident report on about me being evicted on 3-31-2022 by not accepting \$50 bribe. Though non-profit have me owing \$32,000.

IV. Injuries:

Declared a safe haven, this is not truth from very beginning.

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Defendants written claiming on their chore list that I have a mental health problem! And now since of my complaining, the chore list is not on board in hallway is no more. Defendant keeps (hides) it in the Medication Office (Residential Aides Office). I never take nor prescribed any medication residing at this PHA place. I am very likely the only man whom did not need medication while residing there.

"Defamation, Retaliation, Failure to stop harassment, Physical abuse, assault, self-neglect, financial exploitation, senior abuse, fraudulent admission."

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I want the Court to verify just what the defendants have perceived I have a disability. "I do not have any disabilities as defendants had written on their chore list." And for the Court to verify that my name is Tyrone K. White, Not Tyrone R. White.

The basis for such compensation is for as long as 10 years, being perceived as having a disability by the defendants. The defendants also deceived (Lied) to others, agencies, people so they can perceive I had a disability, which I does not. They effect my life to this day!

"So the amount of monetary compensation should be decided by a jury." To justify my residing at a place for men with chronic health conditions, additions problems, vulnerabilities, etc. Which I do not have, so I should not been placed at.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 20 day of September, 2022.

Signature of Plaintiff Mr. Tyrone K. White
Mailing Address 321 Wittings Alley
Philadelphia, PA 19106
Telephone Number 215-923-2381
Fax Number (if you have one) _____
E-mail Address _____

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: _____
Inmate Number _____